

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: July 13 and 14, 2011</p> <p>Facility number: 004417 Provider number: 004417 AIM number: N/A</p> <p>Survey team: Michelle Hosteter RN-TC Janet Stanton, RN Rita Mullen, RN Heather Lay, RN</p> <p>Census bed type: Residential: 94 Total: 94</p> <p>Census payor type: Other: 94 Total: 94</p> <p>Sample: 7</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review 7/19/11 by Suzanne Williams, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0155	<p>(I) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.</p> <p>Based on observation, record review and interview, the facility failed to contain food waste in a covered receptacle in 1 of 1 kitchen facility. This deficiency had the potential to impact 94 of 94 residents residing in this facility.</p> <p>Findings include:</p> <p>1. The Kitchen/Food Service</p> <p>Observation was completed on 7-13-11 at 9:55 a.m. with the Dietary Manager.</p> <p>During observation, two large garbage cans were observed to have food waste and were uncovered.</p> <p>In an interview with the Dietary Manager on 7-13-11 at 10:00 a.m., the Dietary Manager indicated he did not use lids on the garbage cans and did not have or order lids for the garbage cans. The Dietary Manager indicated he did not use garbage lids related to possible cross contamination from improper dietary employee glove use with the garbage lids</p>			R0155	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review on or after August 14, 2011. <u>R155 Sanitation and Safety Standards</u> With regards to finding R155 Sanitation and Safety Standards Riverwalk Commons will; <i>What corrective actions will be accomplished for those residents found to have been affected by the finding:</i> Effective immediately all garbage receptacles in the kitchen/food service area shall be kept covered when not in continuous use. <i>How will the facility identify other residents having the potential to be affected by the same finding and what corrective action will be taken:</i> Facility will prevent potential residents being affected by ensuring that garbage receptacles in the kitchen/food service are kept covered when not in continuous use effective</p>		08/14/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R0273	<p>when preparing food. The Dietary Manager indicated he knew it was not correct to not have garbage lids; however, this was his policy.</p> <p>On 7-14-11 at 11:00 a.m. the kitchen area was observed. No food preparation was occurring. No lids were noted on the two large garbage cans. Food waste was observed in the two large garbage cans.</p> <p>The "Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24, Effective November 13, 2004" indicates, under 410 IAC 7-24-392: "Covering receptacles (a) Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: (1) inside the retail food establishment if the receptacles and units: (A) contain food residue and are not in continuous use."</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, record review and interview, the facility failed to ensure</p>		R0273	<p>immediately. <i>What measures will be put in place or what systemic changes the facility will make to ensure that the finding does not recur:</i> All food service employees will be in-serviced on all garbage receptacles being kept covered when not in continuous use. Food Service Director and Executive Director will facilitate in-service on August 3, 2011.</p> <p><i>How will the corrective action(s) will be monitored to ensure the finding will not recur:</i> An audit will be done to ensure that all garbage receptacles are covered when not in continuous use. The Food Service Manager or designee will audit for lids on all receptacles in kitchen/food service area 3 x day x 4 weeks, 2 x day x 4 weeks, 1 x day x 4 weeks. If no issues are identified, a monthly audit thereafter. Employees who do not comply will be counseled. <i>By what date the systemic changes will be completed:</i> August 14, 2011</p> <p><u>R273 Food and Nutritional Services</u> With regards to finding R273</p>		08/14/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>proper storage of food to prevent contamination in the freezer area, in 1 of 1 kitchen facility. This deficiency has the potential to impact 94 of 94 residents residing in this facility.</p> <p>Findings include:</p> <p>1. The Kitchen/Food Service Observation was completed on 7-13-11, starting at 9:55 a.m. At 11:00 a.m., a kitchen freezer was observed. Three large trays of ice cream placed in small glass dishes were noted on three separate shelves in the freezer. All trays were uncovered. One tray, located in the middle of the stacking, was noted to have plastic wrap bunched to the back of the freezer.</p> <p>During interview at that time, the Dietary Manager indicated the dietary staff had just prepared the ice cream for lunch service and that is why the ice cream was uncovered. The Dietary Manager also indicated he understood that all open food should be covered in the refrigerator/freezer areas.</p>				<p>Food and Nutritional Services Riverwalk Commons will; <i>What corrective action(s) will be accomplished for those residents found to have been affected by the finding:</i> Effective immediately all food items were stored appropriately and covered. <i>How the facility will identify other residents having the potential to be affected by the same finding and what corrective action will be taken:</i> Facility will prevent potential residents being affected by ensuring that all food items are stored appropriately and covered effective immediately. <i>What measures will be put into place or what systemic changes the facility will make to ensure that the finding does not recur:</i> All food service employees will be in-serviced on the policies and procedures for proper food storage. Food Service Director and Executive Director will facilitate in-service on August 3, 2011. <i>How will the corrective action(s) will be monitored to ensure the finding will not recur:</i> An audit will be done to ensure that all food items are stored appropriately. The Food Service Manager or designee will audit for proper food storage 3 x day x 4 weeks, 2 x day x 4 weeks, 1 x day x 4 weeks. If no issues are</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R0349	<p>The "Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24, Effective November 13, 2004" indicates, under 410 IAC 7-24-177: "Food storage (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing food as follows: (5) In packages, covered containers, or wrappings."</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure accurate and complete information was documented related to a weight loss for 1 resident [Resident #89], and the advanced directive/resuscitation code status for 1 resident [Resident #23]. This affected 2 of 7 residents reviewed for clinical records in a sample of 7.</p> <p>Findings include:</p> <p>1. The clinical record for Resident #89 was reviewed on 7/13/11 at 12:20 P.M.</p>		R0349	<p>identified, a monthly audit thereafter. Employees who do not comply will be counseled. By what date the systemic changes will be completed: August 14, 2011</p> <p>R349 Clinical Records In regards to finding R349 Clinical Records Riverwalk Commons will; What corrective action(s) will be accomplished for those residents found to have been affected by the finding: Clinical record for resident #89 was audited. The one resident affected # 89, physician was notified of weight history and the resident is now at admission weight. Registered Dietician will continue to review nutritional status and weight @ each visit. How will you identify other</p>		08/14/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS			STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Diagnoses included, but were not limited to, dementia, arthritis, gastro-esophageal reflux disease, hypertension, history of prostate cancer, and non-insulin dependent diabetes.</p> <p>The "Vital Sign/Weight Flow Sheet" form indicated the resident's weights from admission were documented as follows:</p> <p>12/30/10--124.5 pounds 2/3/11--123 pounds 3/5/11--124 pounds 4/2/11--130 pounds</p> <p>5/1/11--118 pounds</p> <p>6/4/11--124 pounds</p> <p>A "Resident Care Notes" entry, dated 5/1/11 at 4:00 P.M., indicated "Faxed [physician's name] due to resident having a weight loss from 130 pounds to 118 pounds in one month. Awaiting a response."</p> <p>In an interview on 7/14/11 at 10:00 A.M., the Director of Nursing indicated the resident had a fall on 4/12/11, experienced severe pain following the incident, and required frequent administration of pain medication. The resident subsequently had an M.R.I. on 4/18/11. A family member reported the M.R.I. showed a</p>		<p>residents having the potential to be affected by the same finding and what corrective action will be taken:</p> <p>All resident's weight records will be audited for weight loss of 5 pounds or greater. Findings of 5 pounds or greater will be reported to resident, resident's POA, Physician and Registered Dietician. Any new orders obtained from physician will be documented in resident care notes, resident care plan and medication administration record. In addition, Residents experiencing a 5 pound weight loss will have weights taken weekly until weight is stable.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the finding does not recur:</p> <p>The tracking tool will be utilized for residents found with a 5 pound weight loss or greater. The tracking tool will identify the date, current weight, previous weight, weight variance, the physician notified, interim interventions, orders received, nurse's note, signature of nurse. The Clinical Director or designee will review tracking tool weekly for compliance. (See exhibit "A") Any employee found to be noncompliant with protocol will be counseled. Findings will be reported to resident, resident's POA and physician. Any new orders obtained from physician</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>crack in the L-1 vertebra, right at the belt line.</p> <p>On 4/26/11, the resident underwent a kyphoplasty surgical procedure to repair the crack. Following the surgery, the resident had much less pain.</p> <p>The Director of Nursing indicated the resident had a very poor appetite and did not eat very well during the month of April. She indicated nursing staff knew what was going on, but did not keep any type of food consumption logs or records because the State Residential Rules for licensure did not require them to do so. The Director of Nursing indicated she had contacted the nurse who had notified the physician. The nurse reported that she was not that concerned because by that point in time [when she faxed the physician] the resident's appetite had started to pick up.</p> <p>In the interview, the Director of Nursing also indicated that during the month of April it was hard to get him to eat anything due to the pain, with periods of hyperactivity and lethargy caused by pain medication. Although the resident had a physician order, dated 1/24/11, for 1 can of Glucerna as needed for poor appetite, it was not offered because family members were bringing in a "Frosty" milkshake</p>				<p>will be documented in resident care notes, resident care plan and medication administration record. Nursing staff will be in-serviced on new weight loss tracking tool on August 4th, 2011.</p> <p>How the corrective action(s) will be monitored to ensure the finding will not recur: The tracking tool for weights will be reviewed weekly by the Clinical Director or designee.</p> <p>By what date the systemic changes will be completed: August 14, 2011</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the finding: Clinical record for resident #23 was audited. Resident was interviewed to clarify code status preference. Resident's physician was contacted and clarification order received. All resident records were updated to reflect correct code status.</p> <p>How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All resident records to be reviewed for correct code status. Any discrepancies found will be discussed with resident, POA and physician. All resident records will be updated to reflect correct code status.</p> <p>What measures will be put into place or what systemic changes the facility will make</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>almost daily.</p> <p>"Resident Care Notes" from 4/15/11 to 6/5/11, had the following documentation related to the resident's appetite and food intake:</p> <p>4/15/11 at 9:00 A.M.--"... Resident didn't eat all his breakfast..."</p> <p>4/15/11 at 12:00 P.M.--"... Not much of an appetite..."</p> <p>4/22/11--"... Crushed [medications listed] and put in Frosty.... Resident refused to eat Frosty... so Frosty with meds destroyed by flushing down toilet.... Did not eat dinner...."</p> <p>4/25/11 at 7:15 A.M.--"... Offered watermelon...."</p> <p>4/27/11 at 5:45 A.M.--"... C.N.A. gave resident cookies and milk...."</p> <p>There was no documentation related to the resident's appetite, food intake, or food items provided by the family in the month of May, following the identification of his weight loss. A re-weight was not found to demonstrate the resident was starting to regain weight he had lost during the month of April.</p> <p>2. The clinical record for Resident #23 was reviewed on 7/13/11 at 1:30 p.m. Diagnoses included, but were not limited to, congestive heart failure, atrial</p>				<p>to ensure that the finding does not recur:</p> <p>Code status to be reviewed and discussed upon pre-screen assessment. Code status will be verified with physician and resident/POA upon admission. Code status will be reviewed semi-annually.</p> <p>How the corrective action(s) will be monitored to ensure the finding will not recur:</p> <p>Within 72 hours of admissions resident's medical records will be reviewed by Clinical Director or designee. This review includes code status.</p> <p>By what date the systemic changes will be completed:</p> <p>August 14, 2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>fibrillation, hypertension, depression, and hyperlipidemia.</p> <p>The "Admission Sheet" on 4/28/11 indicated Resident #23 was a "Full Code."</p> <p>A document titled "History and Physical/Physician Statement Form" dated on 4/28/11, signed by Resident #23's physician, indicated DNR [Do Not Resuscitate] circled under "Code Status." "Physician's Orders" dated 5/5/11 had DNR written for "Code Status."</p> <p>"Physician's Orders" dated 6/1/11 had "DNR 5/5/11" as a current order.</p> <p>"Physician's Orders" dated 7/1/11 had "DNR 5/5/11" as a current order.</p> <p>A facility binder titled "Code Book Status" was reviewed on 7/13/11. Resident #23's information was not available in the facility binder.</p> <p>In an interview with the Director of Nursing on 7-13-11 at 1:45 p.m., the Director of Nursing indicated Resident #23 was a "Full Code" and that sometimes a doctor would circle a code status without checking with the resident first. The Director of Nursing indicated that Resident #23 has always been a "Full</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS				STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY NORTH NOBLESVILLE, IN46062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Code" at the facility.</p> <p>On 7-13-11 at 1:55 p.m., the Director of Nursing provided a new order for Resident #23 on the "Physician's Orders" dated 7-13-11, "Full Code" with "DNR 5/5/11" discontinued on 7-13-11. The Director of Nursing indicated that Resident #23 was interviewed by nursing staff to verify "Full Code" status on 7-13-11.</p>						